PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents

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maintenance fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: the Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
HESLIN ROTH 5 COLUMBIA C ALBANY, NY 1		l hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being faestmile transmitted to the USFTO (571) 737-2888, on the date indicated below.								
				ſ		athy Smith Dias		- ~ .	(Depositor's name)	
	Ì	(3	Kathe 1	m	the Dus	(Signature)				
					L	December 15, .	2009		(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTO		OR ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/542,230	07/15/2005			Sang Deuk Lce		2747.001			6602	
TITLE OF INVENTION SPECIFICALLY CONJU	GATED PEG PEPTIDI	ES USI	NG THE SAME							
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$755	\$300	_	\$0		\$1055	01/19/2010	
EXAM	ART UNIT		CLASS-SUBCLASS	ASS						
KOSAR, A	530-335000									
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Change of Correspondence Address form FTO/SH (22) attached "Fee Address" indication (or "Fee Address" Indication form FTO/SH47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				2. For printing on the patient from page, list Heslin Rothenberg Farley & Mesiti P.C. (1) the names of pin 0.3 registered patient annows; 1 or agents OR, alternatively. (2) the name of a night firm (having as a member a 2 (2) the name of a night firm (having as a member a 2 registered patient alternatively or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO E	E PRINTED ON	THE PATENT (print of	or ty	pe)				
PLEASE NOTE: Un	less an assignee is iden	tified b	elow, no assignee of this form is NO	data will appear on t T a substitute for filing	he p g an	atent. If an assigr assignment.	ice is i	dentified below, the o	locument has been filed fo	
(A) NAME OF ASSI		(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
PEGSPHERE O	O., LTD.		Suwon, Republic of Korea							
Please check the approp	riate assignee category o	rcatego	ories (will not be p	rinted on the patent) :	C	Individual 🖫 C	orpora	tion or other private gr	oup entity Governmen	
4a. The following fee(s) are submitted ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				h. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO 2038 is attached. Other Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposis Account Manuble (1)(4)(3)(5)(5)(6)(6)(6) certified an extra copy of this form).						
5 Change in Entity Str	ns SMALL ENTITY sta	tus. See	37 CFR 1.27.	☐ b. Applicant is n	o lo	nger claiming SMA	LL EN	TITY status. See 37 (CFR 1.27(g)(2).	
NOTE: The Issue Fee a	nd Publication Fee (if re	quired)	will not be accept	ed from anyone other t	than	the applicant; a reg	istered	attorney or agent, or	the assignce or other party i	
Authorized Signature	Sette	me	$\mathcal{D}X$	<u></u>				nber /5, 2009		
Typed or printed nar	ne Kathy Smith I	Dias_				Registration	No	41,707		
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